

# Microbiology of Harsh Environments

**Dates:** June 8-12, 2009

**Location:** Weber State University and Yellowstone National Park

**Credit:** USOE or 3 Weber State University semester hours

**Instructor:** Dr. Craig Oberg

**Instructor Contact Information:**

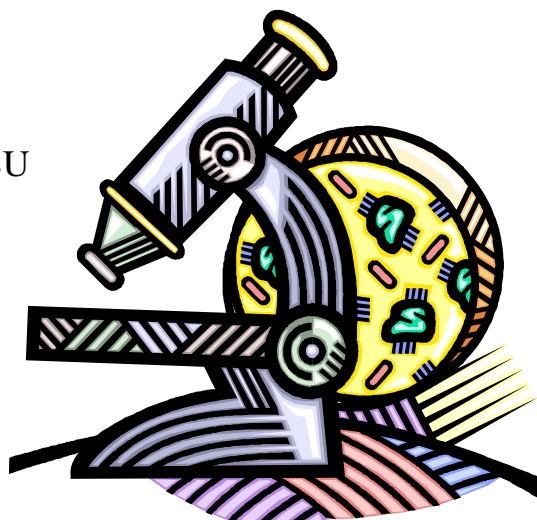
[coberg@weber.edu](mailto:coberg@weber.edu) 801-626-6192

**Registration Fee and Deposit:**

\$275 registration fee; \$40 deposit payable to WSU

**Send registration form and deposit to:**

Dr. Sharon Ohlhorst  
Center for Science and Mathematics Education  
Weber State University  
2509 University Circle  
Ogden, UT 84408-2509  
(801) 626-6160; [csme@weber.edu](mailto:csme@weber.edu)



**Registration Contact Information:**

Dr. Sharon Ohlhorst or Jodie Kempton: [csme@weber.edu](mailto:csme@weber.edu); 801-626-6160

**Course Description:**

Participants in this workshop will meet at Weber State University and spend two days collecting samples from unique habitats along the Wasatch Front, preparing media, learning basic microbiology laboratory techniques (including microscopy) and conducting experiments in the lab. During the last three days of the course the class will study microbes found in the thermal features of Yellowstone National Park. We will have a behind-the-scenes opportunity to see, examine, and learn about one of the most unique microbial environments in the world. We will collect samples at many of the sites during the week and conduct experiments at WSU. Wednesday and Thursday evenings we will camp out in the Yellowstone area.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



# 2009 Science Professional Development Registration Form

*(Duplicate as Necessary)*

**Mail to:**

**Workshop Contact:**

Workshop Title	Date	Location	Registration Fee

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**

*Principal*

☐ **DISTRICT** \_\_\_\_\_

*District Representative*

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**